## **2007–08 Attendance Improvement Proposal**

**Due: October 31, 2007** 

School	District	Name:		
Contac	t Persor	n:		
Addres	s:			
Telepho	one:			
Fax:				
	I.	Identify the target audience fo specific schools, specific grade le	r this program e.g., district wide, vels.	
	II.	. Will this funding be utilized in conjunction with existing attendance recognition efforts that your district currently conducts?		
		(Circle YES or	· NO)	
		If yes, briefly describe your existing program or efforts.		
	III.	III. Briefly describe how these funds will be spent to recognize improved student attendance within your district.		
	IV.	Briefly describe how your district	will document program success.	
		Check here if you would like a site the Truancy Center staff.	visit for training or consultation by	
	*	Applicants must complete only thi proposals.	s form only when submitting	
	the info correct applica	cation: I hereby certify that, to crmation and data contained in . The applicant's governing botion and document, and the apary terms and assurances if the	this application are true and dy has duly authorized this oplicant will comply with any	
	Signatu	re of Authorized Representative	Date	
-	Signatu	re of Chief Financial Officer	 Date	